



JC20 Rec'd PCT/PTO 06 MAR 2002

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-ZA 5015	
SERIAL NO: 10/030,003	FILING DATE: October 24, 2001	INTERNATIONAL FILING DATE: April 27, 2000	INTERNATIONAL APPLICATION NO.: PCT/US00/11372	
INVENTION: SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on February 22, 2002.

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No. 44,048

February 22, 2002
Date of Signature

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Exhibit A.
- ☐ Petition for Extension of Time is enclosed (in duplicate).
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

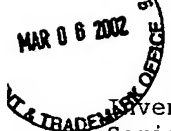
	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	50	-	50	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPENDENT CLAIMS	5	-	5	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

☐ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.



Inventor: Maurizio Zanetti
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___ A check in the amount of \$ _____ is enclosed, \$ _____ of which covers the fee for a _____-month extension of time.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena
Registration No. 44,048
CAMPBELL & FLORES LLP
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001
USPTO CUSTOMER NO. 23601